

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Eastern District of New York</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>McCann, James K.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-3703</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): <b>6 Landing Lane</b> <b>Port Jefferson, NY</b> <div style="text-align: right;">ZIP Code <b>11777</b></div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>		
County of Residence or of the Principal Place of Business: <b>Suffolk</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <b>PO Box 131</b> <b>Port Jefferson, NY</b> <div style="text-align: right;">ZIP Code <b>11777</b></div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		
Location of Principal Assets of Business Debtor (if different from street address above):					
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>McCann, James K.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>Eastern District of NY (Central Islip)</b>		Case Number: <b>08-71041-ast</b>	
Location Where Filed:		Date Filed: <b>3/04/08</b>	
Case Number:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>		Case Number:	
District:		Date Filed:	
Relationship:		Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>/s/ Michael J. Macco</b>            Signature of Attorney for Debtor(s)  <b>Michael J. Macco</b> </div> <div style="text-align: right;"> <b>January 27, 2014</b>            (Date)         </div> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Name of landlord that obtained judgment)			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**McCann, James K.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ James K. McCann**Signature of Debtor **James K. McCann****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**January 27, 2014**

Date

**Signature of Attorney\*****X /s/ Michael J. Macco**

Signature of Attorney for Debtor(s)

**Michael J. Macco 11-3138014**

Printed Name of Attorney for Debtor(s)

**Macco and Stern, LLP**

Firm Name

**135 Pinelawn Rd  
Suite 120 South  
Melville, NY 11747**

Address

**631-549-7900 Fax: 631-549-7845**

Telephone Number

**January 27, 2014**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Eastern District of New York**

In re James K. McCann

Debtor(s)

Case No.  
Chapter7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ James K. McCann  
James K. McCann

Date: January 27, 2014

**United States Bankruptcy Court**  
**Eastern District of New York**

In re **James K. McCann**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>660,259.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>3,110.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>761,213.54</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>3</b>		<b>4,167.32</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>23</b>		<b>1,020,785.25</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>2</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,400.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,365.00</b>
Total Number of Sheets of ALL Schedules		<b>40</b>			
Total Assets			<b>663,369.00</b>		
Total Liabilities				<b>1,786,166.11</b>	

**United States Bankruptcy Court**  
**Eastern District of New York**

In re **James K. McCann**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>4,167.32</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>4,167.32</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>3,400.00</b>
Average Expenses (from Schedule J, Line 22)	<b>3,365.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>2,391.67</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>100,954.54</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>4,167.32</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>1,020,785.25</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>1,121,739.79</b>

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<b>6 Landing Lane Port Jefferson, NY 11777</b>		<b>H</b>	<b>660,259.00</b>	<b>761,213.54</b>

Sub-Total > **660,259.00** (Total of this page)

Total > **660,259.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash On Hand</b>	-	<b>10.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>TD Bank Checking Account Valley Stream, NY Branch</b>	-	<b>100.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Misc. Household Goods and Furnishings</b>	-	<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Misc. Wearing Apparel</b>	-	<b>1,000.00</b>
7. Furs and jewelry.		<b>Misc. Jewelry</b>	-	<b>1,000.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **3,110.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>100% I.C. World, Inc. (Not Operating)</b>	-	<b>0.00</b>
		<b>50% International Component Group, Inc. (Not Operating)</b>	-	<b>0.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Anticipated 2013 Tax Refund</b>	-	<b>0.00</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>3,110.00</b>

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. §522(b)(2)☐ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Real Property</u></b>			
<b>6 Landing Lane</b>	<b>11 U.S.C. § 522(d)(1)</b>	<b>11,475.00</b>	<b>660,259.00</b>
<b>Port Jefferson, NY 11777</b>			
<b><u>Cash on Hand</u></b>			
<b>Cash On Hand</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>10.00</b>	<b>10.00</b>
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
<b>TD Bank</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>100.00</b>	<b>100.00</b>
<b>Checking Account</b>			
<b>Valley Stream, NY Branch</b>			
<b><u>Household Goods and Furnishings</u></b>			
<b>Misc. Household Goods and Furnishings</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b><u>Wearing Apparel</u></b>			
<b>Misc. Wearing Apparel</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b><u>Furs and Jewelry</u></b>			
<b>Misc. Jewelry</b>	<b>11 U.S.C. § 522(d)(4)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b><u>Other Liquidated Debts Owing Debtor Including Tax Refund</u></b>			
<b>Anticipated 2013 Tax Refund</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>0.00</b>	<b>0.00</b>

Total:	<b>14,585.00</b>	<b>663,369.00</b>
--------	------------------	-------------------

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. <b>INNY045</b>			<b>For Noticing Purpose Only</b>					
<b>Fein, Such, &amp; Crane LLP</b> <b>7 Century Drive</b> <b>Suite 201</b> <b>Parsippany, NJ 07054</b>	-		<b>Re: IndyMac Mortgage Services</b>					
			Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No. <b>1006280174</b>			<b>For Noticing Purpose Only</b>					
<b>IndyMac Mortgage Services</b> <b>PO Box 78826</b> <b>Phoenix, AZ 85062-8826</b>	-		<b>Re: Ocwen Loan Servicing LLC</b> <b>6 Landing Lane</b> <b>Port Jefferson, NY 11777</b>					
			Value \$ <b>660,259.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.			<b>For Noticing Purpose Only</b>					
<b>McCabe, Weisberg &amp; Conway, P.C.</b> <b>145 Huguenot St</b> <b>Suite 210</b> <b>New Rochelle, NY 10801</b>	-		<b>Re: IndyMac Mortgage Services</b>					
			Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No. <b>7190683974</b>			<b>Mortgage</b>					
<b>Ocwen Loan Servicing LLC</b> <b>PO Box 6440</b> <b>Carol Stream, IL 60197-6440</b>	-		<b>6 Landing Lane</b> <b>Port Jefferson, NY 11777</b>					
			Value \$ <b>660,259.00</b>				<b>761,213.54</b>	<b>100,954.54</b>
Subtotal (Total of this page)							<b>761,213.54</b>	<b>100,954.54</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re James K. McCann,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY				
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN									
Account No. <b>6681006280174</b>	-	<b>9/2005</b>									
<b>OneWest Bank</b> <b>6900 Beatrice Dr</b> <b>Kalamazoo, MI 49009</b>		<b>For Noticing Purpose Only</b>  <b>Re: IndyMac Mortgage</b>									
		Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>				
Account No.											
		Value \$									
Account No.											
		Value \$									
Account No.											
		Value \$									
Account No.											
		Value \$									
Account No.											
		Value \$									
Subtotal						<b>0.00</b>	<b>0.00</b>				
(Total of this page)											
Total						<b>761,213.54</b>	<b>100,954.54</b>				
(Report on Summary of Schedules)											

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxxxxx 9754</b>			<b>For Noticing Purpose Only Re: NYC Deparment of Finance Parking Violations</b>					
<b>Allied Interstate LLC PO box 6123 Carol Stream, IL 60197-6123</b>	-							<b>0.00</b>
							<b>0.00</b>	<b>0.00</b>
Account No.			<b>For Noticing Purpose Only Re: Port Jefferson Village Court</b>					
<b>Fundamental Business Services, Inc. 14 Front Street Suite 100 Hempstead, NY 11550-3602</b>	-							<b>0.00</b>
							<b>0.00</b>	<b>0.00</b>
Account No. <b>521619</b>			<b>2007  Income Tax</b>					
<b>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</b>	-							<b>0.00</b>
							<b>2,162.32</b>	<b>2,162.32</b>
Account No.			<b>2011  Judgment Fine</b>					
<b>NYC Department of Finance Parking Violations PO Box 2337 Peck Slip Station New York, NY 10272</b>	-							<b>0.00</b>
							<b>250.00</b>	<b>250.00</b>
Account No.			<b>2007  Income Tax</b>					
<b>NYS Department of Taxation &amp; Finance Bankruptcy Unit PO Box 5300 Albany, NY 12205-5300</b>	-							<b>0.00</b>
							<b>1,105.00</b>	<b>1,105.00</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>3,517.32</b>	<b>3,517.32</b>

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



B6E (Official Form 6E) (4/13) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>Q000034101</b>			<b>2011</b>					
<b>Port Jefferson Village Justice Court 121 West Broadway Port Jefferson, NY 11777</b>			<b>Fine</b>					<b>0.00</b>
							<b>650.00</b>	<b>650.00</b>
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								<b>0.00</b>
(Total of this page)							<b>650.00</b>	<b>650.00</b>
Total								<b>0.00</b>
(Report on Summary of Schedules)							<b>4,167.32</b>	<b>4,167.32</b>

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxx 0704						
<b>Academy Collection Service, Inc.</b> <b>10965 Decatur Road</b> <b>Philadelphia, PA 19154</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Network Telephone Services Inc.</b>				<b>0.00</b>
Account No. xxxxxx 8300						
<b>Accord Creditor Services</b> <b>PO Box 10001</b> <b>Newnan, GA 30271</b>	-	<b>For Noticing Purpose Only</b> <b>Re: AT&amp;T (6001)</b>				<b>0.00</b>
Account No. xxxxxx 6884						
<b>Accounts Receivable Management Inc.</b> <b>PO Box 129</b> <b>Thorofare, NJ 08086-0129</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Premier Bankcard, Inc (0264)</b>				<b>0.00</b>
Account No. xxxxxx 6201						
<b>AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523-0935</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Sunrise Medical Laboratories (2445)</b>				<b>0.00</b>
Subtotal (Total of this page)						<b>0.00</b>

22 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>For Noticing Purpose Only Re: Citibank (7359)</b>				
<b>American Coradius International LLC 2420 Sweet Home Rd Suite 150 Amherst, NY 14228-2244</b>	-					<b>0.00</b>
Account No. <b>xxxxxx 4002</b>		<b>Credit Card</b>				
<b>American Express PO Box 2855 New York, NY 10116-2855</b>	-					<b>67,531.73</b>
Account No. <b>xxxxxx 9498</b>		<b>For Noticing Purpose Only Re: Citibank (7359)</b>				
<b>American Recovery Service Incorporated 555 St. Charles Drive Suite 100 Thousand Oaks, CA 91360-3983</b>	-					<b>0.00</b>
Account No. <b>xxxxxx 2337</b>		<b>For Noticing Purpose Only Re: Citibank (3230)</b>				
<b>ARS National Services Inc PO Box 463023 Escondido, CA 92046-3023</b>	-					<b>0.00</b>
Account No. <b>xxxxxx 6001</b>		<b>Business Debt</b>				
<b>AT&amp;T PO Box 537104 Atlanta, GA 30353-7104</b>	X -					<b>580.62</b>
Sheet no. <u>1</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>68,112.35</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>3640036014041</b>		<b>8/2005</b>				
<b>Aurora Loan Services</b> <b>PO Box 78111</b> <b>Phoenix, AZ 85062-8111</b>	-	<b>Deficiency Balance on Foreclosed Property</b> <b>located at 103 Yacht Club Way, Apt 106,</b> <b>Hypoluxo, FL 33462</b>				<b>179,920.00</b>
Account No. <b>xxxxxx 5541</b>		<b>Business Debt</b>				
<b>Avnet, Inc.</b> <b>135 Engineers Road</b> <b>Suite 140</b> <b>Hauppauge, NY 11788</b>	X -					<b>1,631.00</b>
Account No.		<b>For Noticing Purpose Only</b> <b>Re: U P S Inc.</b>				
<b>Baker, Govern &amp; Baker</b> <b>7771 W. Oakland Park Blvd</b> <b>Suite 240</b> <b>Fort Lauderdale, FL 33351</b>	-					<b>0.00</b>
Account No.		<b>For Noticing Purpose Only</b> <b>Re: American Express</b>				
<b>Becket and Lee LLP</b> <b>PO Box 3001</b> <b>Malvern, PA 19355-0701</b>	-					<b>0.00</b>
Account No. <b>1000297114</b>		<b>7/2004</b>				
<b>BMW Financial Services</b> <b>PO Box 9001065</b> <b>Louisville, KY 40290-1065</b>	-	<b>Deficiency Balance on 2002 BMW xi</b>				<b>3,692.39</b>
Sheet no. <b>2</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>185,243.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 8831</b>  <b>C.C.S.</b> <b>Payment Processing Center</b> <b>PO Box 55126</b> <b>Boston, MA 02205-5126</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Quest Diagnostics</b>				<b>0.00</b>
Account No. <b>xxxxxx 0222</b>  <b>C.tech Collections, Inc.</b> <b>PO Box 402</b> <b>Mt. Sinai, NY 11766-0402</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Dr's Kahn Kahn Kahn &amp; Hludzinski</b>				<b>0.00</b>
Account No. <b>xxxxxx 7634</b>  <b>Capital One Bank USA, N.A</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>	X -	<b>Business Debt</b> <b>Judgment (2010-0938735)</b>				<b>142,133.24</b>
Account No. <b>xxxxxx 7634</b>  <b>Capital One, N.A.</b> <b>PO Box 30249</b> <b>Salt Lake City, UT 84130-0249</b>	-				X	<b>99,999.80</b>
Account No. <b>xxxxxx 6896</b>  <b>Central Financial Control</b> <b>PO Box 66044</b> <b>Anaheim, CA 92816-6044</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Palm Beach Gardens Medical Center</b>				<b>0.00</b>
Sheet no. <b>3</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>242,133.04</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 5331</b>		<b>Credit Card</b>				
<b>Chase</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	-					<b>363.87</b>
Account No. <b>xxxxxx 5349</b>		<b>Business Debt</b>				
<b>Chase</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886-5153</b>	X -					<b>1,744.12</b>
Account No. <b>xxxxxx 6880</b>		<b>Business Debt</b>				
<b>Citi Merchant Services</b> <b>c/o First Data MS Corp.</b> <b>6200 South Quebec Street</b> <b>Suite 260-A</b> <b>Greenwood Villag, CO 80111</b>	X -					<b>555.35</b>
Account No. <b>xxxxxx 3230</b>		<b>Credit Card</b>				
<b>Citibank</b> <b>PO Box 469100</b> <b>Escondido, CA 92046-9100</b>	-					<b>1,149.77</b>
Account No. <b>xxxxxx 7359</b>		<b>Business Debt</b>				
<b>CitiBank South Dakota NA</b> <b>701 East 60th St North</b> <b>Sioux Falls, SD 57117</b>	X -					<b>872.46</b>
Sheet no. <b>4</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>4,685.57</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Collection Consultants Associates 6100 San Fernando Rd Suite 211 Glendale, CA 91201</b>	-	<b>For Noticing Purpose Only Re: Preferred Platinum Plan</b>				<b>0.00</b>
Account No. <b>xxxxxx 5794</b>  <b>Convergent Outsourcing PO Box 9004 Renton, WA 98057-9004</b>	-	<b>For Noticing Purpose Only Re: Chase (5331)</b>				<b>0.00</b>
Account No.  <b>CRB 5834 Monroe St. Suite A-142 Sylvania, OH 43560-2267</b>	-	<b>For Noticing Purpose Only Re: National A-1 Advertising</b>				<b>0.00</b>
Account No. <b>xxxxxx 8984</b>  <b>Delta Management Associates, Inc. PO Box 18001 Bedford, NH 03110-8001</b>	-	<b>For Noticing Purpose Only Re: US Department of Education</b>				<b>0.00</b>
Account No. <b>502008CA002709</b>  <b>Deutsche Bank National Trust Company 1761 East Saint Andrew Pl Santa Ana, CA 92705-4934</b>	-	<b>Deficiency Balance on Foreclosed Property located at 3302 Tuscany Way, Boynton Beach, FL 33435</b>				<b>187,938.84</b>
Sheet no. <b>5</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>187,938.84</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxx 1068xxxx</b>  <b>Doctors Business Bureau</b> <b>202 North Federal Highway</b> <b>Lake Worth, FL 33460-3438</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Gardens Radiology Associates</b>				<b>0.00</b>
Account No. <b>xxxxxx 4068</b>  <b>Dr's Kahn, Kahn, Kahn &amp;</b> <b>Hludzinski</b> <b>701 Route 25A</b> <b>Suite A1</b> <b>Mount Sinai, NY 11766</b>	-	<b>Medical Bill</b>				<b>853.00</b>
Account No. <b>33330xxxx</b>  <b>Dyck O'Neal Inc.</b> <b>15301 Spectrum Dr</b> <b>Suite 450</b> <b>Addison, TX 75001</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Lehman Brothers Bank, FSB/Aurora Loan</b> <b>Services</b>				<b>0.00</b>
Account No. <b>xxxxxx 5358</b>  <b>East Coast Leasing LTD</b> <b>275 Northern Blvd</b> <b>Great Neck, NY 11021</b>	-	<b>Deficiency Balance</b>				<b>7,745.71</b>
Account No. <b>xxxxxx 3300</b>  <b>Emergency Physicians</b> <b>Palm Beach Gardens</b> <b>Medical Center</b> <b>PO Box 740022</b> <b>Cincinnati, OH 45274-0022</b>	-	<b>Medical Bill</b>				<b>1,491.00</b>
Sheet no. <b>6</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>10,089.71</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>For Noticing Purpose Only Re: Newark Inone</b>				
<b>Euler Hermes UMA 7-11 South Broadway Suite 314 White Plains, NY 10602-0829</b>	-					<b>0.00</b>
Account No. xxxxxx 1610		<b>Business Debt</b>				
<b>FedEx Customer Information Services Inc. 942 South Shady Grove Rd Memphis, TN 38120</b>	X -					<b>58.18</b>
Account No. xxxxxx 1110		<b>Business Debt</b>				
<b>FedEx Customer Information Services Inc. 942 South Shady Grove Rd Memphis, TN 38120</b>	X -					<b>105.25</b>
Account No. xxxxxx 2034		<b>For Noticing Purpose Only Re: AT&amp;T (6001)</b>				
<b>Fidelity National Credit Services, Ltd. PO Box 3051 Orange, CA 92857</b>	-					<b>0.00</b>
Account No. xxxxxx 8549		<b>For Noticing Purpose Only Re: BMW Financial Services (7114)</b>				
<b>Firstsource Advantage, LLC PO Box 628 Buffalo, NY 14240-0628</b>	-					<b>0.00</b>
Sheet no. <u>7</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>163.43</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 9571</b>		<b>For Noticing Purpose Only</b>				
<b>Frontier Financial Group</b> <b>631 N. Stephanie St.</b> <b>Suite 419</b> <b>Henderson, NV 89014-2633</b>	-	<b>Re: Jared</b>				<b>0.00</b>
Account No. <b>xxxxxx GRA1</b>		<b>Medical Bill</b>				
<b>Gardens Radiology</b> <b>Associates</b> <b>PO Box 1847</b> <b>Indianapolis, IN 46206-1847</b>	-					<b>289.00</b>
Account No.		<b>Business Debt</b>				
<b>Gargiulo &amp; Co., CPA, PC</b> <b>181 Smithtown Blvd</b> <b>Suite 103</b> <b>Nesconset, NY 11767</b>	X -					<b>5,774.30</b>
Account No. <b>xxxxxx 3043</b>		<b>Accounting Fees</b>				
<b>Gargiulo &amp; Co., CPA, PC</b> <b>181 Smithtown Blvd</b> <b>Suite 103</b> <b>Nesconset, NY 11767</b>	-					<b>3,000.00</b>
Account No. <b>1091422</b>		<b>Business Debt</b>				
<b>Getty Images</b> <b>75 Varick Street</b> <b>New York, NY 10013</b>	X -					<b>1,286.00</b>
Sheet no. <u>8</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>10,349.30</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>0307650383</b>  <b>GMAC Mortgage</b> <b>PO Box 9001719</b> <b>Louisville, KY 40290-1719</b>		<b>8/2005</b> <b>Deficiency Balance on Foreclosed Property</b> <b>located at 103 Yacht Club Way, Apt 106,</b> <b>- Hypoluxo, FL 33462</b>				<b>19,268.78</b>
Account No. <b>xxxxxx 5450</b>  <b>Healthcare Finance</b> <b>Direct, LLC</b> <b>1201 24th Street</b> <b>Suite B - 200</b> <b>Bakersfield, CA 93301</b>	-	<b>Medical Bill</b>				<b>4,000.00</b>
Account No. <b>xxxxxx 0047</b>  <b>Healthcare Revenue</b> <b>Recovery Group, LLC</b> <b>PO Box 5406</b> <b>Cincinnati, OH 45273-7942</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Inphynet Contracting Services</b>				<b>0.00</b>
Account No. <b>xxxxxx 8241</b>  <b>Home Depot/Citibank N.A.</b> <b>PO Box 6497</b> <b>Sioux Falls, SD 57117-6497</b>	X -	<b>Business Debt</b>				<b>930.08</b>
Account No. <b>29446</b>  <b>I Group Electronics</b> <b>8790 66th Court</b> <b>Pinellas Park, FL 33782</b>	X -	<b>Business Debt</b>				<b>5,794.81</b>
Sheet no. <b>9</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>29,993.67</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 3139</b>		<b>For Noticing Purpose Only</b>				
<b>IC System Inc</b> <b>PO Box 64378</b> <b>St. Paul, MN 55164-0378</b>	-	<b>Re: National Grid/LIPA</b>				<b>0.00</b>
Account No. <b>xxxxxx 6733</b>		<b>For Noticing Purpose Only</b>				
<b>IC World</b> <b>PO Box 131</b> <b>Port Jefferson, NY 11777-0131</b>	-	<b>Re: Citibank (7359)</b>				<b>0.00</b>
Account No. <b>6681004495691</b>		<b>7/2004</b>				
<b>IndyMac Bank</b> <b>PO Box 78826</b> <b>Phoenix, AZ 85062-8826</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Deutsche Bank National Trust Company</b>				<b>0.00</b>
Account No. <b>xxxxxx 3758</b>		<b>Medical Bill</b>				
<b>Inphynet Contracting</b> <b>Services Inc.</b> <b>14050 NW 14th Street</b> <b>Suite 190</b> <b>Sunrise, FL 33323</b>	-					<b>1,491.00</b>
Account No. <b>xxxxxx 7772</b>		<b>Delinquent Account</b>				
<b>Jared Galleria of Jewelry</b> <b>PO Box 740425</b> <b>Cincinnati, OH 45274-0425</b>	-					<b>437.91</b>
Sheet no. <u>10</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,928.91</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 0272</b>		<b>Medical Bill</b>				
<b>Jupiter Medical Center PO Box 997 Jupiter, FL 33468-0997</b>	-					<b>7,293.45</b>
Account No. <b>xxxxxx 3703</b>		<b>Service</b>				
<b>K.T. Communications Inc. PO Box 270 Phoenixville, PA 19460</b>	-					<b>110.60</b>
Account No. <b>xxxxxx 1713</b>		<b>For Noticing Purpose Only Re: East Coast Leasing LTD</b>				
<b>Kirschenbaum, Phillips &amp; Roach, P.C. 40 Daniel Street, Suite 7 PO Box 9000 Farmingdale, NY 11735-9000</b>	-					<b>0.00</b>
Account No. <b>20023</b>						
<b>Kolex International Inc. 9640 Research Drive Irvine, CA 92618</b>	-					<b>2,052.32</b>
Account No. <b>333304191</b>		<b>For Noticing Purpose Only Re: Aurora Loan Services LLC</b>				
<b>Lehman Brothers Bank, FSB 1000 N West St Wilmington, DE 19801</b>	-					<b>113,659.17</b>
Sheet no. <b>11</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>123,115.54</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 1862</b>  <b>Levy &amp; Associates, LLC</b> <b>4645 Executive Drive</b> <b>Columbus, OH 43220</b>	-	<b>For Noticing Purpose Only</b> <b>Re: BMW Financial Services (7114)</b>				<b>0.00</b>
Account No. <b>xxxxxx 7303</b>  <b>LIPA</b> <b>PO Box 9050</b> <b>Hicksville, NY 11802</b>	-	<b>For Noticing Purpose Only</b> <b>Re: National Grid</b>				<b>0.00</b>
Account No. <b>xxxxxx 6269</b>  <b>LTD Financial Services</b> <b>7322 Southwest Freeway</b> <b>Suite 1600</b> <b>Houston, TX 77074</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Citibank (7359)</b>				<b>0.00</b>
Account No.  <b>Mark G. Keegan, Esq.</b> <b>Becker &amp; Poliakoff, P.A.</b> <b>625 North Flager Drive</b> <b>7th Floor</b> <b>West Palm Beach, FL 33401</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Tuscany on the Intracoastal Condominium Association Inc.</b>				<b>0.00</b>
Account No.  <b>Mary McCann</b> <b>303 Lowell Avenue</b> <b>Floral Park, NY 11001</b>	-	<b>Divorce Stipulation Settlement</b>				<b>20,000.00</b>
Sheet no. <b>12</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>20,000.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>7091315</b>  <b>McCormack Intellectual Property, P.S. 617 Lee Street Seattle, WA 98109</b>	-	<b>For Noticing Purpose Only Re: Getty Images</b>				<b>0.00</b>
Account No. <b>xxxxxx 2029</b>  <b>Midland Credit Management, Inc. PO Box 60578 Los Angeles, CA 90060-0578</b>	-	<b>For Noticing Purpose Only Re: Verizon New York Inc.</b>				<b>0.00</b>
Account No. <b>xxxxxx 6831</b>  <b>Monarch Recovery Management, Inc. PO Box 21089 Philadelphia, PA 19114-0589</b>	-	<b>For Noticing Purpose Only Re: Network Telephone Services Inc (5562)</b>				<b>0.00</b>
Account No.  <b>Morris, Hardwick, &amp; Schneider, LLC 5110 Eisenhower Blvd Suite 120 Tampa, FL 33634</b>	-	<b>For Noticing Purpose Only Re: Deutsche Bank National Trust Company (502008CA002709)</b>				<b>0.00</b>
Account No. <b>xxxxxx 9446</b>  <b>MRS Associates 1930 Olney Ave Cherry Hill, NJ 08003</b>	-	<b>For Noticing Purpose Only Re: TD Bank</b>				<b>0.00</b>
Sheet no. <b>13</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>0.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 3280</b>		<b>Service</b>				
<b>National A-1 Advertising</b> <b>700 Chestnut St.</b> <b>Philadelphia, PA 19106</b>	-					<b>39.42</b>
Account No.		<b>For Noticing Purpose Only</b> <b>Re: Jared Jewelers</b>				
<b>National Credit Adjusters</b> <b>327 W 4th Ave</b> <b>Hutchinson, KS 67501-4842</b>	-					<b>0.00</b>
Account No. <b>xxxxxx 7303</b>		<b>Utility Bill</b>				
<b>National Grid</b> <b>PO Box 9040</b> <b>Hicksville, NY 11802</b>	-					<b>333.22</b>
Account No. <b>xxxxxx 9894</b>		<b>For Noticing Purpose Only</b> <b>Re: US Department of Education</b>				
<b>National Payment Center</b> <b>US Department of</b> <b>Education</b> <b>PO Box 105028</b> <b>Atlanta, GA 30348-5028</b>	-					<b>0.00</b>
Account No. <b>xxxxxx 0001</b>		<b>For Noticing Purpose Only</b> <b>Re: Sheridan Emergency Physicians Svcs</b>				
<b>Nationwide Recovery</b> <b>Service</b> <b>PO Box 8005</b> <b>Cleveland, TN 37320-8005</b>	-					<b>0.00</b>
Sheet no. <b>14</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>372.64</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 9650</b>		<b>For Noticing Purpose Only</b>				
<b>NCO Financial Services</b> <b>507 Prudential Rd.</b> <b>Horsham, PA 19044-2308</b>	-	<b>Re: FedEx Customer Information Services Inc.</b> <b>(1610)</b>				<b>0.00</b>
Account No. <b>xxxxxx 6945</b>		<b>For Noticing Purpose Only</b>				
<b>NCO Financial Services</b> <b>507 Prudential Rd.</b> <b>Horsham, PA 19044-2308</b>	-	<b>Re: FedEx Customer Information Services Inc.</b> <b>(1110)</b>				<b>0.00</b>
Account No. <b>xxxxxx 3752</b>		<b>Credit Card</b>				
<b>Network Telephone</b> <b>Services, Inc.</b> <b>21135 Erwin Street</b> <b>Woodland Hills, CA 91367</b>	-					<b>995.00</b>
Account No. <b>xxxxxx 7958</b>		<b>Credit Card</b>				
<b>Network Telephone</b> <b>Services, Inc.</b> <b>PO Box 4342</b> <b>Los Angeles, CA 90078-4342</b>	-					<b>50.90</b>
Account No. <b>xxxxxx 1455</b>		<b>Credit Card</b>				
<b>Network Telephone</b> <b>Services, Inc.</b> <b>PO Box 4342</b> <b>Los Angeles, CA 90078-4342</b>	-					<b>59.88</b>
Sheet no. <u>15</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,105.78</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 2386</b>		<b>Credit Card</b>				
<b>Network Telephone Services, Inc. PO Box 4342 Los Angeles, CA 90078-4342</b>	-					<b>273.93</b>
Account No. <b>xxxxxx 5562</b>		<b>Credit Card</b>				
<b>Network Telephone Services, Inc. PO Box 4342 Los Angeles, CA 90078-4342</b>	-					<b>821.04</b>
Account No. <b>xxxxxx 0592</b>		<b>Business Debt</b>				
<b>Newark Inone 4801 N. Ravenswood Ave Chicago, IL 60640</b>	X -					<b>2,925.72</b>
Account No. <b>xxxxxx 4989</b>		<b>For Noticing Purpose Only Re: Home Depot/Citibank (8241)</b>				
<b>Northland Group Inc. PO Box 390905 Minneapolis, MN 55439</b>	-					<b>0.00</b>
Account No.		<b>For Noticing Purpose Only Re: Citibank/Home Depot (3230)</b>				
<b>Northland Group Inc. PO Box 390905 Minneapolis, MN 55439</b>	-					<b>0.00</b>
Sheet no. <b>16</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>4,020.69</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>6681004495691</b>		<b>7/2004</b>				
<b>OneWest Bank</b> <b>6900 Beatrice Dr.</b> <b>Kalamazoo, MI 49009-9559</b>	-	<b>For Noticing Purpose Only</b> <b>Re: Deutsche Bank National Trust Company</b>				<b>0.00</b>
Account No. <b>xxxxxx 2630</b>		<b>Medical Bill</b>				
<b>Palm Beach Gardens</b> <b>Medical Center</b> <b>3360 Burns Rd</b> <b>Palm Beach Gardens, FL 33410</b>	-					<b>3,069.63</b>
Account No.		<b>Deficiency Balance on Expired 2001 Porsche Lease</b>				
<b>Porsche of Huntington</b> <b>855 East Jericho Turnpike</b> <b>Huntington Station, NY 11746</b>	-					<b>5,691.45</b>
Account No. <b>xxxxxx 9006-B</b>		<b>Service</b>				
<b>Preferred Platinum Plan</b> <b>7657 Winnetka Avenue</b> <b>Suite 711</b> <b>Canoga Park, CA 91306</b>	-					<b>110.56</b>
Account No. <b>xxxxxx 0264</b>		<b>Credit Card</b>				
<b>Premier Bankcard, LLC</b> <b>3820 N Louise Ave</b> <b>Sioux Falls, SD 57107-0145</b>	-					<b>452.18</b>
Sheet no. <u>17</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>9,323.82</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical Bill</b>				
<b>Quest Diagnostics Inc</b> <b>PO Box 64878</b> <b>Baltimore, MD 21264-4878</b>	-					<b>58.50</b>
Account No. <b>xxxxxx B6CJ</b>		<b>For Noticing Purpose Only</b> <b>Re: Gargiulo &amp; Co., CPA, PC</b>				
<b>Richard Sokoloff</b> <b>3245 Route 112</b> <b>Suite 1</b> <b>Medford, NY 11763</b>	-					<b>0.00</b>
Account No.		<b>Legal Fees</b>				
<b>Ronald D. Weiss PC</b> <b>734 Walt Whitman Road</b> <b>Suite 203</b> <b>Melville, NY 11747</b>	-					<b>2,500.00</b>
Account No. <b>xxxxxx 5181</b>		<b>Medical Bill</b>				
<b>Sheridan Emergency</b> <b>Physician Services</b> <b>1613 NW 136th Ave</b> <b>Fort Lauderdale, FL 33323-2853</b>	-					<b>1,147.00</b>
Account No. <b>xxxxxx 0557</b>		<b>For Noticing Purpose Only</b> <b>Re: Network Telephone Services Inc.</b>				
<b>Spectrum Billing Services</b> <b>PO Box 4342</b> <b>Los Angeles, CA 90078</b>	-					<b>0.00</b>
Sheet no. <u>18</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>3,705.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 5562</b>		<b>Collection</b>				
<b>Spectrum Billing Services</b> <b>PO Box 30689</b> <b>Los Angeles, CA 90030-0689</b>						
						<b>779.26</b>
Account No.		<b>For Noticing Purpose Only</b> <b>Re: IndyMac Bank</b>				
<b>Stein, Wiener &amp; Roth, LLP</b> <b>1 Old Country Road</b> <b>Suite 113</b> <b>Carle Place, NY 11514</b>						
						<b>0.00</b>
Account No. <b>xxxxxx 2445</b>		<b>Medical Bill</b>				
<b>Sunrise Medical</b> <b>Laboratories</b> <b>250 Miller Place</b> <b>Hicksville, NY 11801-1826</b>						
						<b>576.00</b>
Account No. <b>xxxxxx 0346xxxx</b>		<b>For Noticing Purpose Only</b> <b>Re: Palm Beach Gardens Medical Center</b>				
<b>Syndicated Office Systems</b> <b>PO Box 660873</b> <b>Dallas, TX 75266-0873</b>						
						<b>0.00</b>
Account No. <b>xxxxxx 740D</b>	<b>X</b>	<b>Business Debt</b>				
<b>TD Bank</b> <b>PO Box 1377</b> <b>Lewiston, ME 04243-1377</b>						
						<b>95.00</b>
Sheet no. <b>19</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,450.26</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>The Yacht Club On The Intracoastal Association 177 Yacht Club Way Hypoluxo, FL 33462</b>		<b>HOA Fees</b>				<b>Unknown</b>
Account No. <b>xxxxxx 7033</b>  <b>Transworld Systems Inc. PO Box 17201 Wilmington, DE 19850-7201</b>		<b>For Noticing Purpose Only Re: Citi Merchant Services</b>				<b>0.00</b>
Account No. <b>502011CA009365XXXXMB</b>  <b>Tuscany on the Intracoastal Condominium Association Inc. 2300 S. Federal Highway Boynton Beach, FL 33435</b>		<b>Deficiency Balance on Foreclosed Property located at 3302 Tuscany Way, Boynton Beach, FL 33435</b>				<b>39,336.51</b>
Account No. <b>xxxxxx E21W</b>  <b>UPS 55 Glenlake Parkway NE Atlanta, GA 30328</b>	<b>X</b>	<b>Business Debt</b>				<b>426.89</b>
Account No. <b>xxxxxx 3703-2</b>  <b>US Department of Education Direct Loan Servicing PO Box 5609 Greenville, TX 75403-5609</b>		<b>Student Loan</b>				<b>14,569.83</b>
Sheet no. <b>20</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>54,333.23</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxxxx 2089894</b>	-	Student Loan				25,269.61
US Department of Education PO Box 4222 Iowa City, IA 52244						
Account No. <b>xxxxxx 2089903</b>	-	Student Loan				3,110.00
US Department of Education Direct Loan Servicing PO Box 5609 Greenville, TX 75403-5609						
Account No. <b>xxxxxx 7163xxxx</b>	-	Student Loan				16,028.00
US Department of Education Direct Loan Servicing PO Box 5609 Greenville, TX 75403-5609						
Account No. <b>xxxxxx 6187</b>	-	For Noticing Purpose Only Re: Avnet				0.00
Vengroff Williams, Inc. PO Box 4155 Sarasota, FL 34230-4155						
Account No. <b>xxxxxx 0420</b>	-	Utility Bill				133.97
Verizon New York Inc 500 Technology Dr Weldon Spring, MO 63304						
Sheet no. <u>21</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			44,541.58

B6F (Official Form 6F) (12/07) - Cont.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx 4511</b>		<b>For Noticing Purpose Only Re: Chase (5331)</b>				<b>0.00</b>
<b>William W. Siegel &amp; Associates, Attorneys at Law, LLC 7 Penn Plaza, Suite 1500 New York, NY 10001-3995</b>	-					
Account No. <b>xxxxxx 6011</b>		<b>For Noticing Purpose Only Re: Chase (5349)</b>				<b>0.00</b>
<b>William W. Siegel &amp; Associates, Attorneys at Law, LLC 7 Penn Plaza, Suite 1500 New York, NY 10001-3995</b>	-					
Account No. <b>xxxxxx 5000xxxx</b>		<b>Repossession</b>				<b>18,178.00</b>
<b>Wisdom Financial 277 Northern Blvd Suite 100 Great Neck, NY 11021</b>	-					
Account No.						
Account No.						
Sheet no. <b>22</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>18,178.00</b>
						<b>Total (Report on Summary of Schedules)</b>
						<b>1,020,785.25</b>



B6G (Official Form 6G) (12/07)

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Capital One Bank USA, N.A PO Box 71083 Charlotte, NC 28272-1083</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Newark Inone 4801 N. Ravenswood Ave Chicago, IL 60640</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Chase PO Box 15153 Wilmington, DE 19886-5153</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>AT&amp;T PO Box 537104 Atlanta, GA 30353-7104</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>CitiBank South Dakota NA 701 East 60th St North Sioux Falls, SD 57117</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Home Depot/Citibank N.A. PO Box 6497 Sioux Falls, SD 57117-6497</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>FedEx Customer Information Services Inc. 942 South Shady Grove Rd Memphis, TN 38120</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>FedEx Customer Information Services Inc. 942 South Shady Grove Rd Memphis, TN 38120</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Avnet, Inc. 135 Engineers Road Suite 140 Hauppauge, NY 11788</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>Gargiulo &amp; Co., CPA, PC 181 Smithtown Blvd Suite 103 Nesconset, NY 11767</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>UPS 55 Glenlake Parkway NE Atlanta, GA 30328</b>

In re **James K. McCann**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>TD Bank PO Box 1377 Lewiston, ME 04243-1377</b>
<b>I.C. World, Inc. PO Box 131 Port Jefferson, NY 11777</b>	<b>I Group Electronics 8790 66th Court Pinellas Park, FL 33782</b>
<b>International Component Group Inc. 5 Ferret Lane East Setauket, NY 11733</b>	<b>Citi Merchant Services c/o First Data MS Corp. 6200 South Quebec Street Suite 260-A Greenwood Villag, CO 80111</b>
<b>International Component Group Inc. 5 Ferret Lane East Setauket, NY 11733</b>	<b>Getty Images 75 Varick Street New York, NY 10013</b>

Fill in this information to identify your case:

Debtor 1 James K. McCann

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## How long employed there?

## Debtor 1

- ☐ Employed
- ☒ Not employed

Unemployed

## Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	3.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4.	\$ 0.00	\$ N/A

Debtor 1 **James K. McCann**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>3,400.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>3,400.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,400.00</b> + \$ <b>N/A</b> = \$ <b>3,400.00</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		11. +\$ <b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and <i>Related Data</i> , if it applies		12. \$ <b>3,400.00</b> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 James K. McCann

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

## If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **James K. McCann**

Case number (if known)

6. <b>Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>90.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$	<u>900.00</u>
8. <b>Childcare and children's education costs</b>	8. \$	<u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<u>150.00</u>
10. <b>Personal care products and services</b>	10. \$	<u>75.00</u>
11. <b>Medical and dental expenses</b>	11. \$	<u>350.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>300.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Income Taxes</b>	16. \$	<u>800.00</u>
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$	<u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>450.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>150.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$	<u>0.00</u>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$	<u>3,365.00</u>
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<u>3,400.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>3,365.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<u>35.00</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Eastern District of New York**

In re **James K. McCann**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **42** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **January 27, 2014**

Signature **/s/ James K. McCann**

**James K. McCann**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



**United States Bankruptcy Court  
Eastern District of New York**

In re **James K. McCann**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

---

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$0.00****\$0.00**

SOURCE

**Employment 2013****Employment 2014 YTD**


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**2. Income other than from employment or operation of business**

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$32,850.00****\$6,800.00**

SOURCE

**Rental Income 2013****Rental Income 2014 YTD**

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2**3. Payments to creditors**None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> c. <i>All debtors:</i> List all payments made within <b>one year</b> immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Capital One Bank -against- James K. McCann, I.C. World, Inc. 2010-0938735</b>		<b>Supreme Court State of New York County of Suffolk</b>	<b>Judgment</b>
<b>IndyMac Bank FSB -against- James K. McCann 2008-0006143</b>		<b>Supreme Court State of New York County of Suffolk</b>	
<b>Deutsche Bank National Trust Company, as Trustee of the IndyMac Indx Mortgage Loan Trust 2004-AR6, Mortgage Pass-Through Certificates, Series 2004-AR6 Under the Pooling and Servicing Agreement Dated August 1, 2004 -against- James McCann et al. 502008CA002709</b>	<b>Foreclosure</b>	<b>Circuit Court Fifteenth Judicial Circuit Palm Beach County, Florida</b>	<b>Judgment</b>
<b>Tuscany on the Intracoastal Condominium Association Inc., a Florida Not-For-Profit Corporation -against- James McCann et al. 502011CA009365XXXXMB</b>	<b>Foreclosure</b>	<b>Circuit Court Fifteenth Judicial Circuit Palm Beach County, Florida</b>	<b>Judgment</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT  
AND CASE NUMBER**Mary McCann -against- James McCann  
07-07515**NATURE OF  
PROCEEDING**Divorce**COURT OR AGENCY  
AND LOCATION**Supreme Court  
State of New York  
County of Suffolk**STATUS OR  
DISPOSITION**Settlement**

None

- ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

## DATE OF SEIZURE

DESCRIPTION AND VALUE OF  
PROPERTY**5. Repossessions, foreclosures and returns**

None

- ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLER**GMAC Mortgage  
PO Box 9001719  
Louisville, KY 40290-1719****Aurora Loan Services  
PO Box 78111  
Phoenix, AZ 85062-8111****Deutsche Bank National  
Trust Company  
1761 East Saint Andrew Pl  
Santa Ana, CA 92705-4934****Tuscany on the  
Intracoastal Condominium  
Association Inc.  
2300 S. Federal Highway  
Boynton Beach, FL 33435****Wisdom Financial  
277 Northern Blvd  
Suite 100  
Great Neck, NY 11021****East Coast Leasing LTD  
275 Northern Blvd  
Great Neck, NY 11021**DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURNDESCRIPTION AND VALUE OF  
PROPERTY**103 Yacht Club Way  
Apt 106  
Hypoluxo, FL 33462****103 Yacht Club Way  
Apt 106  
Hypoluxo, FL 33462****3302 Tuscany Way  
Boynton Beach, FL 33435****3302 Tuscany Way  
Boynton Beach, FL 33435****Car Lease Repossession****Car Lease Repossession****6. Assignments and receiverships**

None

- ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

## TERMS OF ASSIGNMENT OR SETTLEMENT

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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Macco and Stern, LLP</b> <b>135 Pinelawn Rd</b> <b>Suite 120 South</b> <b>Melville, NY 11747</b>		<b>For services rendered in connection with this instant filing \$2,500.00. Filing fee \$306.00. See 2016(b) Statement attached.</b>

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None

- ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

**12. Safe deposit boxes**

None

- ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None

- ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None

- ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None

- ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None

- ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

**18. Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
I.C. World, Inc.	11-3486371	6 Landing Lane Port Jefferson, NY 11777	S Corporation Computer Parts Sales	April 1999 ->
International Component Group, Inc.	27-2163214	5 Ferret Lane East Setauket, NY 11733	S Corporation Computer Parts Sales	March 2010 ->

B7 (Official Form 7) (04/13)

7

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

☐

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

### 20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

### 21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

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8

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

**22 . Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

**23 . Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	--------------------------------	--

**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**

- None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 27, 2014

Signature /s/ James K. McCann  
**James K. McCann**  
 Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*



B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Eastern District of New York**

In re **James K. McCann**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Ocwen Loan Servicing LLC</b>	<b>Describe Property Securing Debt:</b> <b>6 Landing Lane</b> <b>Port Jefferson, NY 11777</b>
Property will be (check one): <input type="checkbox"/> Surrendered <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Retained</span>	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u><b>Retain</b></u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <span style="margin-left: 100px;"><input type="checkbox"/> Not claimed as exempt</span>	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <span style="margin-left: 20px;"><input type="checkbox"/> NO</span>

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date **January 27, 2014**

Signature **/s/ James K. McCann**  
**James K. McCann**  
 Debtor

**United States Bankruptcy Court  
Eastern District of New York**

In re James K. McCann

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

For legal services, I have agreed to accept .....	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received .....	\$	<u>644.00</u>
Balance Due .....	\$	<u>1,856.00</u>
2. \$ 306.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]

**Exemption planning; preparation and filing of reaffirmation agreements and applications as needed**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: January 27, 2014/s/ Michael J. Macco

**Michael J. Macco**  
**Macco and Stern, LLP**  
**135 Pinelawn Rd**  
**Suite 120 South**  
**Melville, NY 11747**  
**631-549-7900 Fax: 631-549-7845**

**United States Bankruptcy Court  
Eastern District of New York**

In re **James K. McCann**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **January 27, 2014**

**/s/ James K. McCann**

**James K. McCann**

Signature of Debtor

Date: **January 27, 2014**

**/s/ Michael J. Macco**

Signature of Attorney

**Michael J. Macco**

**Macco and Stern, LLP**

**135 Pinelawn Rd**

**Suite 120 South**

**Melville, NY 11747**

**631-549-7900 Fax: 631-549-7845**

Academy Collection  
Service, Inc.  
10965 Decatur Road  
Philadelphia, PA 19154

Academy Collection  
Service, Inc.  
PO Box 21089  
Philadelphia, PA 19114-0589

Accord Creditor Services  
PO Box 10001  
Newnan, GA 30271

Accounts Receivable  
Management Inc.  
PO Box 129  
Thorofare, NJ 08086-0129

Allied Interstate LLC  
PO box 6123  
Carol Stream, IL 60197-6123

AMCA  
PO Box 1235  
Elmsford, NY 10523-0935

American Coradius  
International LLC  
2420 Sweet Home Rd  
Suite 150  
Amherst, NY 14228-2244

American Express  
PO Box 2855  
New York, NY 10116-2855

American Recovery Service  
Incorporated  
555 St. Charles Drive  
Suite 100  
Thousand Oaks, CA 91360-3983

ARS National Services Inc  
PO Box 463023  
Escondido, CA 92046-3023

AT&T  
PO Box 537104  
Atlanta, GA 30353-7104

Aurora Bank FSB  
10350 Park Meadows Dr  
Suite 500  
Littleton, CO 80124

Aurora Loan Services  
PO Box 78111  
Phoenix, AZ 85062-8111

Aurora Loan Services Inc.  
601 5th Ave.  
Scottsbluff, NE 69361-3581

Avnet, Inc.  
135 Engineers Road  
Suite 140  
Hauppauge, NY 11788

Baker, Govern & Baker  
7771 W. Oakland Park Blvd  
Suite 240  
Fort Lauderdale, FL 33351

Becket and Lee LLP  
PO Box 3001  
Malvern, PA 19355-0701

BMW Financial Services  
PO Box 9001065  
Louisville, KY 40290-1065

BMW Financial Services  
PO Box 3608  
Dublin, OH 43016

C.C.A.  
PO Box 29050  
Glendale, CA 91209-9050

C.C.S.  
Payment Processing Center  
PO Box 55126  
Boston, MA 02205-5126

C.tech Collections, Inc.  
PO Box 402  
Mt. Sinai, NY 11766-0402

Capital One Bank USA, N.A  
PO Box 71083  
Charlotte, NC 28272-1083

Capital One, N.A.  
PO Box 30249  
Salt Lake City, UT 84130-0249

Central Financial Control  
PO Box 66044  
Anaheim, CA 92816-6044

Chase  
PO Box 15153  
Wilmington, DE 19886-5153

Citi  
PO Box 717  
Getzville, NY 14068-0717

Citi Merchant Services  
c/o First Data MS Corp.  
6200 South Quebec Street  
Suite 260-A  
Greenwood Villag, CO 80111

Citi Merchant Services  
Provided by FDMS Corp.  
PO Box 17548  
Denver, CO 80217-7548

Citibank  
PO Box 469100  
Escondido, CA 92046-9100

CitiBank South Dakota NA  
701 East 60th St North  
Sioux Falls, SD 57117

Collection Consultants  
Associates  
6100 San Fernando Rd  
Suite 211  
Glendale, CA 91201

Convergent Outsourcing  
PO Box 9004  
Renton, WA 98057-9004

CRB  
5834 Monroe St.  
Suite A-142  
Sylvania, OH 43560-2267

Delta Management  
Associates, Inc.  
PO Box 18001  
Bedford, NH 03110-8001

Deutsche Bank National  
Trust Company  
1761 East Saint Andrew Pl  
Santa Ana, CA 92705-4934

Doctors Business Bureau  
202 North Federal Highway  
Lake Worth, FL 33460-3438

Dr's Kahn, Kahn, Kahn &  
Hludzinski  
701 Route 25A  
Suite A1  
Mount Sinai, NY 11766

Dyck O'Neal Inc.  
15301 Spectrum Dr  
Suite 450  
Addison, TX 75001

Dyck O'Neal, Inc.  
3214 W Park Row Dr.  
Arlington, TX 76013

Dyck O'Neal, Inc.  
Payment Processing  
PO Box 13370  
Arlington, TX 76094-0370

East Coast Leasing LTD  
275 Northern Blvd  
Great Neck, NY 11021

Emergency Physicians  
Palm Beach Gardens  
Medical Center  
PO Box 740022  
Cincinnati, OH 45274-0022

Emergency Physicians  
Palm Beach Gardens  
PO Box 189016  
Plantation, FL 33318-9016

Euler Hermes UMA  
7-11 South Broadway  
Suite 314  
White Plains, NY 10602-0829

FedEx Customer  
Information Services Inc.  
942 South Shady Grove Rd  
Memphis, TN 38120

Fein, Such, & Crane LLP  
7 Century Drive  
Suite 201  
Parsippany, NJ 07054

Fidelity National Credit  
Services, Ltd.  
PO Box 3051  
Orange, CA 92857



First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104

Firstsource Advantage,  
LLC  
PO Box 628  
Buffalo, NY 14240-0628

Frontier Financial Group  
631 N. Stephanie St.  
Suite 419  
Henderson, NV 89014-2633

Fundamental Business  
Services, Inc.  
14 Front Street  
Suite 100  
Hempstead, NY 11550-3602

Gardens Radiology  
Associates  
PO Box 1847  
Indianapolis, IN 46206-1847

Gargiulo & Co., CPA, PC  
181 Smithtown Blvd  
Suite 103  
Nesconset, NY 11767

Getty Images  
75 Varick Street  
New York, NY 10013

Getty Images  
605 5th Ave South  
Suite 400  
Seattle, WA 98104

GMAC Mortgage  
PO Box 9001719  
Louisville, KY 40290-1719

GMAC Mortgage  
PO Box 4622  
Waterloo, IA 50704-4622

GMAC Mortgage, LLC  
3451 Hammond Avenue  
Waterloo, IA 50702

Healthcare Finance  
Direct, LLC  
1201 24th Street  
Suite B - 200  
Bakersfield, CA 93301

Healthcare Revenue  
Recovery Group, LLC  
PO Box 5406  
Cincinnati, OH 45273-7942

Home Depot/Citibank N.A.  
PO Box 6497  
Sioux Falls, SD 57117-6497

I Group Electronics  
8790 66th Court  
Pinellas Park, FL 33782

I.C. World, Inc.  
PO Box 131  
Port Jefferson, NY 11777

IC System Inc  
PO Box 64378  
St. Paul, MN 55164-0378

IC World  
PO Box 131  
Port Jefferson, NY 11777-0131

IndyMac Bank  
PO Box 78826  
Phoenix, AZ 85062-8826

IndyMac Bank, FSB  
460 Sierra Madre Villa  
Suite 101  
Pasadena, CA 91107

IndyMac Mortgage Services  
PO Box 78826  
Phoenix, AZ 85062-8826

IndyMac Mortgage Services  
PO Box 4045  
Kalamazoo, MI 49003-4045

Inphynet Contracting  
Services Inc.  
14050 NW 14th Street  
Suite 190  
Sunrise, FL 33323

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

International Component  
Group Inc.  
5 Ferret Lane  
East Setauket, NY 11733

Jared Galleria of Jewelry  
PO Box 740425  
Cincinnati, OH 45274-0425

Jareds Jewelers  
375 Ghent Rd  
Fairlawn, OH 44333

Jupiter Medical Center  
PO Box 997  
Jupiter, FL 33468-0997

K.T. Communications Inc.  
PO Box 270  
Phoenixville, PA 19460

Kirschenbaum, Phillips &  
Roach, P.C.  
40 Daniel Street, Suite 7  
PO Box 9000  
Farmingdale, NY 11735-9000

Kolex International Inc.  
9640 Research Drive  
Irvine, CA 92618

Lehman Brothers Bank, FSB  
1000 N West St  
Wilmington, DE 19801

Levy & Associates, LLC  
4645 Executive Drive  
Columbus, OH 43220

LIPA  
PO Box 9050  
Hicksville, NY 11802

LTD Financial Services  
7322 Southwest Freeway  
Suite 1600  
Houston, TX 77074

LTD Financial Services LP  
PO Box 630788  
Houston, TX 77263-0788

Mark G. Keegan, Esq.  
Becker & Poliakoff, P.A.  
625 North Flager Drive  
7th Floor  
West Palm Beach, FL 33401

Mary McCann  
303 Lowell Avenue  
Floral Park, NY 11001

McCabe, Weisberg &  
Conway, P.C.  
145 Huguenot St  
Suite 210  
New Rochelle, NY 10801

McCormack Intellectual  
Property, P.S.  
617 Lee Street  
Seattle, WA 98109

Midland Credit  
Management, Inc.  
PO Box 60578  
Los Angeles, CA 90060-0578

Monarch Recovery  
Management, Inc.  
PO Box 21089  
Philadelphia, PA 19114-0589

Morris, Hardwick, &  
Schneider, LLC  
5110 Eisenhower Blvd  
Suite 120  
Tampa, FL 33634

MRS Associates  
1930 Olney Ave  
Cherry Hill, NJ 08003

National A-1 Advertising  
700 Chestnut St.  
Philadelphia, PA 19106

National Credit Adjusters  
327 W 4th Ave  
Hutchinson, KS 67501-4842

National Grid  
PO Box 9040  
Hicksville, NY 11802

National Payment Center  
US Department of  
Education  
PO Box 105028  
Atlanta, GA 30348-5028

Nationwide Recovery  
Service  
PO Box 8005  
Cleveland, TN 37320-8005

NCO Financial Services  
507 Prudential Rd.  
Horsham, PA 19044-2308

Network Telephone  
Services, Inc.  
21135 Erwin Street  
Woodland Hills, CA 91367

Network Telephone  
Services, Inc.  
PO Box 4342  
Los Angeles, CA 90078-4342

Newark Inone  
4801 N. Ravenswood Ave  
Chicago, IL 60640

Northland Group Inc.  
PO Box 390905  
Minneapolis, MN 55439

NYC Department of Finance  
Parking Violations  
PO Box 2337  
Peck Slip Station  
New York, NY 10272

NYC Department of Finance  
Church Street Station  
PO Box 3615  
New York, NY 10008-3615

NYS Department of  
Taxation & Finance  
Bankruptcy Unit  
PO Box 5300  
Albany, NY 12205-5300

NYS Dept Of Taxation &  
Finance Bankruptcy Unit -  
TCD - Building 8, Rm 455  
W.A.Harriman State Campus  
Albany, NY 12227

Ocwen Loan Servicing LLC  
PO Box 6440  
Carol Stream, IL 60197-6440

OneWest Bank  
6900 Beatrice Dr.  
Kalamazoo, MI 49009-9559

OneWest Bank  
6900 Beatrice Dr  
Kalamazoo, MI 49009

Palm Beach Gardens  
Medical Center  
3360 Burns Rd  
Palm Beach Gardens, FL 33410

Porsche of Huntington  
855 East Jericho Turnpike  
Huntington Station, NY 11746

Port Jefferson Village  
Justice Court  
121 West Broadway  
Port Jefferson, NY 11777

Preferred Platinum Plan  
7657 Winnetka Avenue  
Suite 711  
Canoga Park, CA 91306

Premier Bankcard, LLC  
3820 N Louise Ave  
Sioux Falls, SD 57107-0145

Quest Diagnostics Inc  
PO Box 64878  
Baltimore, MD 21264-4878

Richard Sokoloff  
3245 Route 112  
Suite 1  
Medford, NY 11763

Ronald D. Weiss PC  
734 Walt Whitman Road  
Suite 203  
Melville, NY 11747

Sheridan Emergency  
Physician Services  
1613 NW 136th Ave  
Fort Lauderdale, FL 33323-2853

Spectrum Billing Services  
PO Box 4342  
Los Angeles, CA 90078

Spectrum Billing Services  
PO Box 30689  
Los Angeles, CA 90030-0689

Stein, Wiener & Roth, LLP  
1 Old Country Road  
Suite 113  
Carle Place, NY 11514

Sunrise Medical  
Laboratories  
250 Miller Place  
Hicksville, NY 11801-1826

Syndicated Office Systems  
PO Box 660873  
Dallas, TX 75266-0873

TD Bank  
PO Box 1377  
Lewiston, ME 04243-1377

The Yacht Club On The  
Intracoastal Association  
177 Yacht Club Way  
Hypoluxo, FL 33462

The Yacht Club On The  
Intracoastal Association  
PO Box 1495  
West Palm Beach, FL 33402

Transworld Systems Inc.  
PO Box 17201  
Wilmington, DE 19850-7201



Tuscany on the  
Intracoastal Condominium  
Association Inc.  
2300 S. Federal Highway  
Boynton Beach, FL 33435

UPS  
55 Glenlake Parkway NE  
Atlanta, GA 30328

US Department of  
Education  
Direct Loan Servicing  
PO Box 5609  
Greenville, TX 75403-5609

US Department of  
Education  
PO Box 4222  
Iowa City, IA 52244

Vengroff Williams, Inc.  
PO Box 4155  
Sarasota, FL 34230-4155

Verizon New York Inc  
500 Technology Dr  
Weldon Spring, MO 63304

William W. Siegel &  
Associates, Attorneys at  
Law, LLC  
7 Penn Plaza, Suite 1500  
New York, NY 10001-3995

Wisdom Financial  
277 Northern Blvd  
Suite 100  
Great Neck, NY 11021

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **James K. McCann**  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the information required to be entered on this statement  
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

<b>Part I. MILITARY AND NON-CONSUMER DEBTORS</b>	
<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center; margin: 10px 0;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b> c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>																				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			<b>Column A</b> <b>Debtor's</b> <b>Income</b>	<b>Column B</b> <b>Spouse's</b> <b>Income</b>																
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			\$ <b>0.00</b>	\$																
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$ <b>0.00</b>	\$	b.	Ordinary and necessary business expenses	\$ <b>0.00</b>	\$	c.	Business income	Subtract Line b from Line a		\$ <b>0.00</b>	\$
		Debtor	Spouse																		
a.	Gross receipts	\$ <b>0.00</b>	\$																		
b.	Ordinary and necessary business expenses	\$ <b>0.00</b>	\$																		
c.	Business income	Subtract Line b from Line a																			
5	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>2,391.67</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$ <b>2,391.67</b>	\$	b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$ <b>2,391.67</b>	\$
		Debtor	Spouse																		
a.	Gross receipts	\$ <b>2,391.67</b>	\$																		
b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$																		
c.	Rent and other real property income	Subtract Line b from Line a																			
6	<b>Interest, dividends, and royalties.</b>			\$ <b>0.00</b>	\$																
7	<b>Pension and retirement income.</b>			\$ <b>0.00</b>	\$																
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$ <b>0.00</b>	\$																
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$ <b>0.00</b>	\$																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 15%;">Debtor \$ <b>0.00</b></td> <td style="width: 50%;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$															
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$																			
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			\$ <b>0.00</b>	\$																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>				Debtor	Spouse	a.		\$	\$	b.		\$	\$						
		Debtor	Spouse																		
a.		\$	\$																		
b.		\$	\$																		
		Total and enter on Line 10		\$ <b>0.00</b>	\$																
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$ <b>2,391.67</b>	\$																

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ <b>2,391.67</b>
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ <b>28,700.04</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>NY</u> b. Enter debtor's household size: <u>1</u>	\$ <b>47,414.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>																										
16	<b>Enter the amount from Line 12.</b>	\$																								
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> Total and enter on Line 17		a.		\$	b.		\$	c.		\$	d.		\$												
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$																								
<b>Part V. CALCULATION OF DEDUCTIONS FROM INCOME</b>																										
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>																										
19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 30%;">Allowance per person</td> <td style="width: 25%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 30%;">Allowance per person</td> <td style="width: 35%;"></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rent expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	\$									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b>          You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.          Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.          If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.          Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.          Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									

26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$

### Subpart B: Additional Living Expense Deductions

**Note: Do not include any expenses that you have listed in Lines 19-32**

34	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below: \$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$									

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$															
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$															
<b>Subpart C: Deductions for Debt Payment</b>																	
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$															
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
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c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$															
<b>Subpart D: Total Deductions from Income</b>																	
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$															
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>																	
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$															
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$															
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$															
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).
53	<b>Enter the amount of your total non-priority unsecured debt</b> <span style="float: right;">\$</span>
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result. <span style="float: right;">\$</span>
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	
		\$

**Part VIII. VERIFICATION**

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           Date: <u>January 27, 2014</u> </div> <div style="text-align: center;">           Signature: <u>/s/ James K. McCann</u>  <b>James K. McCann</b>  <i>(Debtor)</i> </div> </div>	
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\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL  
BANKRUPTCY RULE 1073-2(b)**

**DEBTOR(S):** James K. McCann

**CASE NO.:** \_\_\_\_\_

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☐ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☒ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: **08-71041-ast** JUDGE: **Alan S. Trust** DISTRICT/DIVISION: **Eastern District of NY (Central Islip)**

CASE STILL PENDING (Y/N): **N** [If closed] Date of closing: **1/15/2009**

CURRENT STATUS OF RELATED CASE: **Chapter 13 Dismissed 10/06/2008**

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): **Prior Filing 3/04/2008**

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

2. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

3. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)  
 SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

*NOTE:* Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

\_\_\_\_\_  
**Michael J. Macco**

Signature of Debtor's Attorney

**Macco and Stern, LLP**

**135 Pinelawn Rd**

**Suite 120 South**

**Melville, NY 11747**

**631-549-7900 Fax:631-549-7845**

\_\_\_\_\_  
 Signature of Pro Se Debtor/Petitioner

\_\_\_\_\_  
 Signature of Pro Se Joint Debtor/Petitioner

\_\_\_\_\_  
 Mailing Address of Debtor/Petitioner

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.